

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09901137

FILING DATE

07-10-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1		1			
8		1				
9		1				
10		1				
11	1		1			
12		1				
13		1				
14		1				
15		2				
16		2				
17		2				
18		2				
19		2				
20		1				
21		1				
22		2				
23		1				
24		1				
25	1		1			
26		1				
27		1				
28	1		1			
29		1				
30		1				
31		2				
32		2				
33		1				
34						
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45						
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47						
48						
49						
50						
TOTAL IND.	5		8			
TOTAL DEP.		3034		841		
TOTAL CLAIMS		3039		849		

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
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96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

39 49

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS